

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Atkins  
First Name: Marc  
Title / Rank: Professor of Psychology  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consultation	NYC Bd. of Ed.	No	9	0
Journal Editor	Springer Publications	No	20	0
Professional Training	Illinois DMH	No	10	10
Grant reviewer	NIMH	No	2	0
See Attached Sheet				

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

*Marc Atkins*

Date

*9/19/08*

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

**Marc S. Atkins, Ph.D.**

**Professor of Psychology in Psychiatry**

**2008-2009 Report of Non-University Activities (RNUA)**

**Part II: Listing of Non-University Income Producing Activities (continued)**

<b>Nature of Activities</b>	<b>For Whom</b>	<b>Ownership</b>	<b>2007-2008 Retrospective</b>	<b>2008-2009 Prospective</b>
Consultant	Institute for Education Sciences	No	2	0
Speaker	Mercy Home for Children	No	0.5	0
Consultant	UIUC Best Practices Institute	No	0.5	
Speaker	SIU Center for Rural Health	No	1	0

## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

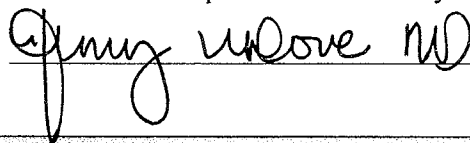
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Auta

First Name: James

Title / Rank: Research Associate Professor

College: Medicine

Dept. / Unit: Psychiatry

Appointment 100%

University Contract Period<sup>1</sup>

☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

### PART II. Listing of Non-University Income Producing Activities

\* If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\* Do not include amounts of compensation.

\* Do not report "various" when reporting retrospective activity.

\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Pharmacist	Medical Specialist Pharmacy	Partnership	16	20

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature James Auta

Date 10/01/2008

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

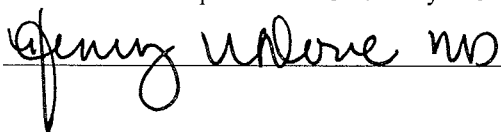
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:

Beedle

First Name:

Dennis

Title / Rank:

Associate Professor  
Clinical Psychiatry

College:

Medicine

Dept. / Unit:

Psychiatry

Appointment  
%

100%

University Contract Period<sup>1</sup>

☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

\*If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\*Do not include amounts of compensation.

\*Do not report "various" when reporting retrospective activity.

\*Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
expert witness	Attorney General's Office IL.	no	2	2

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature



Date

10-26-08

**Please submit to your unit head for administrative review and approval.**<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.<sup>2</sup> University Policy defines "Family" as one's spouse and children.<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)**Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review and Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

**PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.

A conflict of interest or commitment may exist, but is being monitored by the department.If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

A conflict of interest or commitment may exist that warrants further review.

If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)**PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

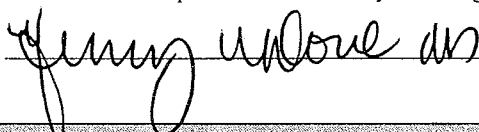


Some or all declared prospective activities are not approved.

If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

11/27/08

**PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_



University of Illinois at Chicago  
Academic Staff  
**2008-2009 Report of  
Non-University Activities (RNAU)**

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Bennett  
First Name: Peter  
Title / Rank: Associate Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment     %  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☐ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Lecturer	Chicago School of Professional Psychology	No	20	20

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

**I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.***

Academic Staff Member's Signature Peter Bennett (SR) Date 10/3/08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

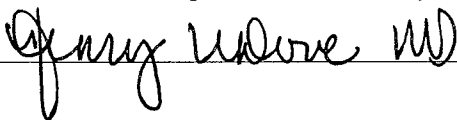
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Carbray

First Name: Julie

Title / Rank: Clin Assoc Professor

College: Medicine

Dept. / Unit: Psychiatry

Appointment 80%

University Contract Period<sup>1</sup>

☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

**\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.**

### PART II. Listing of Non-University Income Producing Activities

\* If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\* Do not include amounts of compensation.

\* Do not report "various" when reporting retrospective activity.

\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
<u>Speaking</u>	<u>Astra Zeneca</u>	<u>no</u>	<u>2</u>	<u>2</u>

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

**I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.**

Academic Staff Member's Signature

Date 9-22-08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

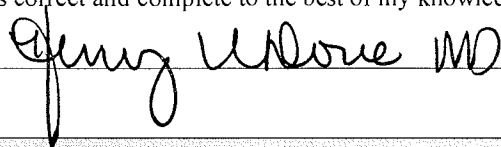
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Carmin  
First Name: Cheryl  
Title / Rank: Director/Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.  
\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.  
\* Do not report "various" when reporting retrospective activity.  
\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consultation	Clifford Law Offices	No	4	4
Speaker training	Jazz Pharmaceuticals	No	2	0

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Cheryl A. And Date 9/22/2008  
**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

### **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.



Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*[Signature]*

Date

*10/27/08*

#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature

(If approval needed)

\_\_\_\_\_

Date

\_\_\_\_\_

Additional Reviews

(Signatures)

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Cook  
First Name: Judith  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Grant review	NIHH	no	4	4
Consultation	Canadian government	no	2	0
Consultation	Government of Portugal	no	2	0

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Judith A. Cook

Date

9/30/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

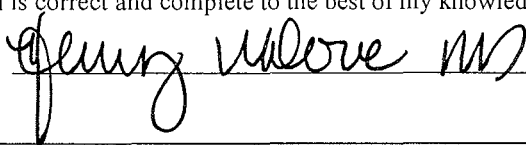
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date



University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Donenberg  
First Name: Geri  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100 %

University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Federal grant reviews Grand rounds lecture	NIH HIV Center/Columbia U.	No NO	7 1	7 0

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Date

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

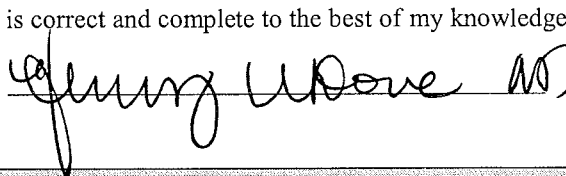


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

 Date 10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature

(If approval needed)

\_\_\_\_\_

Date \_\_\_\_\_

Additional Reviews

(Signatures)

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Fish  
First Name: Barbara  
Title / Rank: Assistant Professor of Clinical Psychology  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Teaching and Supervision	School of the Art Institute of Chicago  Art Therapy Associates, P.C.	Art Therapy Associates, P.C.	I began at UIC 4/08	I teach 3 hrs per week in pm  I average 8 hours of supervision a week

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature Barbara Fish PhD, ATR-BC, LPC Date 10/2/08  
**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

To Whom it may concern,

I am writing to clarify my other income producing activities.

1. I teach one class per semester at the School of the Art Institute of Chicago, in their Graduate Art Therapy Program.
2. I provide art therapy supervision for art therapists who are seeking registration, and licensure through Art Therapy Associates, P.C.

Thank you,

A handwritten signature in cursive script that reads "Barbara Fish". The signature is written in black ink and is positioned above the printed name.

Barbara Fish, PhD, ATR-BC, LCPC

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

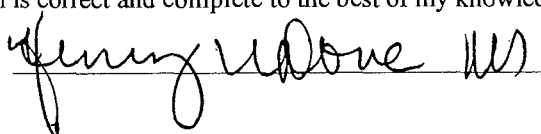
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNUA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Frazier  
First Name: Stacy  
Title / Rank: Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☒ yes\* ☐ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.  
\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.  
\* Do not report "various" when reporting retrospective activity.  
\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Biweekly phone consultation to mental health providers at agencies in IL	Illinois State Department of Mental Health	No	6 Days	6 Days

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Date 9.25.08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

Part I. Explanation: I participate in an evidence-based practice initiative facilitated by the Illinois Department of Mental Health, along with colleagues on my research team. My specific role is to provide biweekly phone consultation to mental health service providers newly trained in the Behavioral Parent Training intervention model for families of children with disruptive behavior problems.

Part II.

Workshop for Teacher Aides	Evanston/Skokie School District	No	.5 Day	0 Day
-------------------------------	------------------------------------	----	--------	-------

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

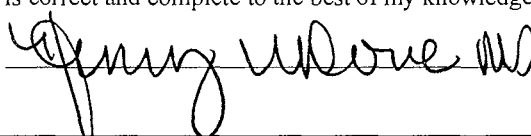
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

 Date 10/27/08

### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_



University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: G. Gbovs  
First Name: Robert  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%

University Contract Period<sup>1</sup>  
☒ 9 months / ☐ 10 months / ☐ 12 months / ☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Statistical consult	Intogen, WMX, Apicron	NO	30 days	30 days
Expert testimony	U.S. Dept of Justice Pfizer			

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

[Signature]

Date

10/3/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

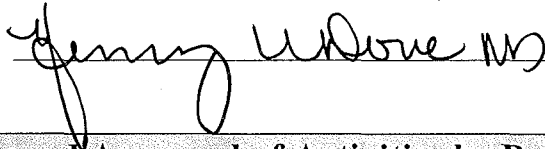


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature

(If approval needed)

Date

Additional Reviews

(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
**2008-2009 Report of  
Non-University Activities (RNUA)**

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Gorman-Smith  
First Name: Deborah  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

**\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.**

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.  
\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.  
\* Do not report "various" when reporting retrospective activity.  
\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consulting	Coalition for Evidence-Based Policy	No	20	20

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

**I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.***

Academic Staff Member's Signature Deborah Gorman-Smith Date 9/23/08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

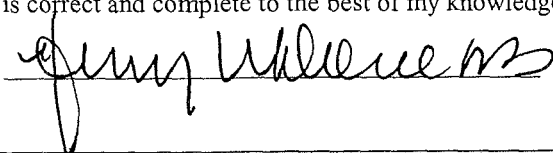
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Grayson  
First Name: Dennis Grayson, Ph.D.  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Biochemistry  
Appointment: 100%  
University Contract Period<sup>1</sup>  
☒ 9 months/ ☐ 10 months/ ☐ 12 months/ ☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

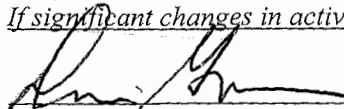
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Grant Reviewer	CSR of NIH	No	6	6

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature



Date

10/22/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

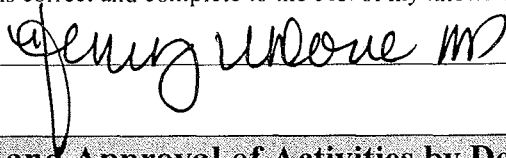


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Grossman  
First Name: Linda S.  
Title / Rank: Ph.D.  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

**\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.**

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Forensic Consultation/Expert witness	Public Defenders Office	No	5	I don't know

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature Linda S. Grossman PhD Date 9-30-08  
**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.



Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*Jenny Malone MD*

Date

*10/27/08*

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date



University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Henry  
First Name: David  
Title / Rank: Associate Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consultation on Research Design and Analysis	University of Alaska, MUSC, DePaul University	No	20	30

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature [Signature]

Date 9-24-08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## Brady, Sandra

---

**From:** Henry, David  
**Sent:** Wednesday, October 22, 2008 9:27 AM  
**To:** Brady, Sandra  
**Subject:** RE: RNUA Form 2008-09 Correction

Hello, Sandra,

That was a mistake. Question 4 should have been checked NO on my form.

DBH

David B. Henry, Ph.D.  
Associate Professor  
Institute for Juvenile Research  
Departments of Psychiatry and Psychology  
University of Illinois at Chicago  
1747 W. Roosevelt Rd., Room 155  
Chicago, IL 60608

Phone: 312-413-1728  
FAX: 312-413-1036 or 312-413-1703  
email: dhenry@uic.edu or dhenry1227@gmail.com

-----Original Message-----

**From:** Brady, Sandra  
**Sent:** Tuesday, October 21, 2008 7:21 PM  
**To:** Henry, David  
**Subject:** RNUA Form 2008-09 Correction  
**Importance:** High

Dr. David,

I am in receipt of your RNUA form, but there is an error that needs to be corrected.

1. Part I

Question 4, you checked Yes, but you did not include a statement for your YES answer. Please send your statement explaining your YES answer to me ASAP.

Here is the link for completing the RNUA form. Please let me know as soon as possible. Deadline was 10/3/08

<http://tigger.uic.edu/depts/ovcr/research/conflict/RNUA/rnua/index.shtml>

*Until we meet again.....And K.L.E.O!!!  
(Keep Loving Each Other)*

Sandra E. Brady  
Project Coordinator  
Human Resources Office  
Dept. of Psychiatry  
University of Illinois at Chicago  
1601 W. Taylor, Suite 547  
Chicago, IL 60612  
o:312.996.6726  
f:312.413.1228  
e:sbrady@psych.uic.edu

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.



Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*[Signature]*

Date

*10/27/08*

### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNA)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Kelley  
First Name: Kathleen  
Title / Rank: Associate Professor  
College: College of Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/ ☐ 10 months/ ☒ 12 months/ ☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

\* If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\* Do not include amounts of compensation.

\* Do not report "various" when reporting retrospective activity.

\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <u>Prospective</u> Days to be Spent in Current Reporting Period
				<i>I occasionally do expert witness cases but none scheduled.</i>

☒ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

*Kathleen M. Kelley*

Date

*10/2/08*

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

2008-09 Report of Non-University Activities (RNUA)

October 2, 2008

To Whom It May Concern:

IN regards to Part I. 4.

My husband, Raphael Lee, is a major stockholder in a company that rents office and research space from UIC. This company, Avocet Polymer Technologies, is not involved with UIC in any other way.

It is not clear that this is a conflict, but in the interest of reporting all possibilities, I have checked yes. It is my opinion that this potential conflict is manageable.

Kathleen M. Kelley, MD

### **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*Yunus W. W. W. W. W.*

Date

*10/29/08*

#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Kiedrowski  
First Name: Lech  
Title / Rank: Research Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 51%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <b>Prospective</b> Days to be Spent in Current Reporting Period
I am PI on a SBIR grant submitted by Sekorts Therapeutics, Inc..	Sekorts Therapeutics, Inc. Rockville, MD	Yes	0	If the SBIR grant is funded, I will spend 51 % of my on the SBIR project.

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Date 10/1/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

Attachment to 2008 RNUA form

In 2005, I reported to the UIC Technology Transfer Office invention # CZ038 entitled "High Throughput Screening for Potentially Neuroprotective Inhibitors of  $4\text{Na}^+/(Ca^{2+} + K^+)$  Exchange Reversal in Ischemic Hippocampal CA1 Neurons." As a result of this invention, a company, Sekorts Therapeutics, Inc. in Rockville, MD, has been set up. The company submitted to NIH a Phase 1 SBIR grant proposal to develop the agents described in the CZ038 invention and I am the PI of this grant. If the grant is funded, a significant percentage of my time will be devoted to work for Sekorts Therapeutics, Inc. These arrangements have been approved by the Dean of the College of Medicine.

A handwritten signature in black ink, appearing to read 'Lech Kiedrowski', with a long horizontal flourish extending to the right.

Lech Kiedrowski, Ph.D.



## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.



Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*Henry Wilson MD*

Date

*10/27/08*

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: LABOTT-STEWART  
First Name: SUSAN  
Title / Rank: Assoc. Prof. of Clinical Psychology  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100 %  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <b>Prospective</b> Days to be Spent in Current Reporting Period
LECTURE	Continuing Ed. Institute of IL	No.	/	/

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Susan Labott-Stewart Date 9/22/08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*Jerry W. Dineen*

Date

*10/27/08*

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature

(If approval needed)

Date

Additional Reviews

(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Leventhal  
First Name: Bennett  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consulting	Caremark	No	6	6

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Date

*Please submit to your unit head for administrative review and approval.*

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

### **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

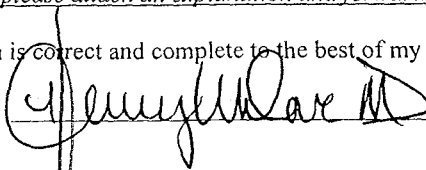


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/5/08

#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

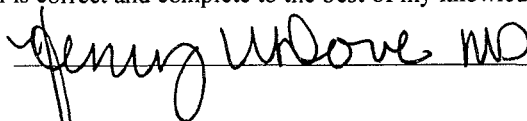
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

Attn: Latrice Blackburn

Fax 312-814-2964

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: McSWAIN KAMRAN MD  
First Name: Myra L.  
Title / Rank: Assistant Professor, Visiting  
College: medicine  
Dept. / Unit: Dept. of Psychiatry  
Appointment 100 %  
University Contract Period!  
☐ 9 months/ ☐ 10 months/ ☒ 12 months/ ☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- If your appointment is less than 75% time, you do not need to complete this section.
- Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- Do not include amounts of compensation.
- Do not report "various" when reporting retrospective activity.
- Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Co-author of Textbook Chapter, Textbook of Child and Adolescent Psychiatry	APPI; editor: M. Dulcan MD	No	<u>Note</u> My appointment began July 1, 2008. I was involved in this project prior to my appt. (2 days)	(3 days)

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

*[Signature]*

Date 9/26/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-17) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7.12% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at [http://www.upm.illinois.edu/policies/conflict\\_toc.asp](http://www.upm.illinois.edu/policies/conflict_toc.asp)

### Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*[Signature]*

Date

*10/27/08*

#### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
 (If approval needed)

Date

Additional Reviews  
 (Signatures)

Date

Date



University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNUA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Manev  
First Name: Hari  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <b>Prospective</b> Days to be Spent in Current Reporting Period
ONE PAID LECTURE	TAKEDA Pharmaceut.	NO		ONE DAY AUG. 27, 08

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Hari Manev

Date 09/24/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

### **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

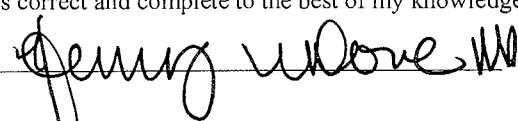
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Marinez-Lora  
First Name: Ane  
Title / Rank: Research Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consultation, Supervision of use of Evidence-based practices	Illinois Department of Mental Health	no	7	8

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature A. Lora

Date 10-3-2008

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNUA)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Clay  
First Name: Toya  
Title / Rank: visiting Assistant Professor  
of Clinical Psychiatry  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 75 %  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <b>Prospective</b> Days to be Spent in Current Reporting Period
<u>solo private practice</u>	<u>myself</u>	<u>sole proprietor</u>	<u>50</u>	<u>50</u>

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Toya Clay MD

Date

9/26/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☐ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

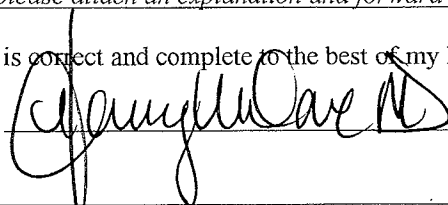
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/1/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNUA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Martin  
First Name: Eileen  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Federal grant review	NIH	no	20	20

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Date

*Please submit to your unit head for administrative review and approval.*

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

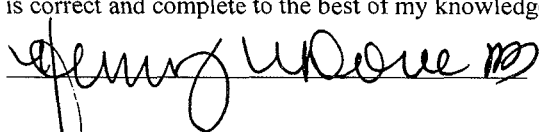
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Marvin  
First Name: Robert  
Title / Rank: Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

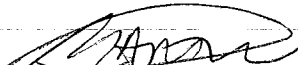
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Psychiatry Board Review Course	American Physician Institute	No	10	10

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature



Date

9/22/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)



## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

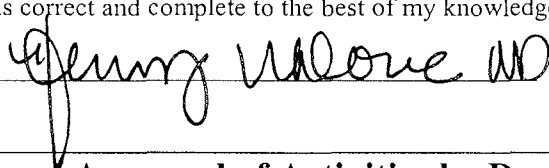


Some or all declared prospective activities are not approved.

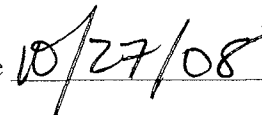
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date



### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature

(If approval needed)

Date

Additional Reviews

(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Morris

First Name: Alan

Title / Rank: Assistant Clinical Professor

College: Medicine

Dept. / Unit: Psychiatry

Appointment 100%

University Contract Period<sup>1</sup>

☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no

2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no

3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no

4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

### PART II. Listing of Non-University Income Producing Activities

\* If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\* Do not include amounts of compensation.

\* Do not report "various" when reporting retrospective activity.

\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Private Practice	Self	Yes, self employed	10	0

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Date

*Please submit to your unit head for administrative review and approval.*

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Pauline

First Name: Maki

Title / Rank: Associate Professor

College: Medicine, Arts and Sciences

Dept. / Unit: Psychiatry, Psychology

Appointment 100%

University Contract Period<sup>1</sup>

☒ 9 months/☐ 10 months/☐ 12 months/☒ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Consultant on interpretation of neuropsychological research measures	Genaera	No	1	1

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

*Pauline M Maki*

Date

9/19/2008

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

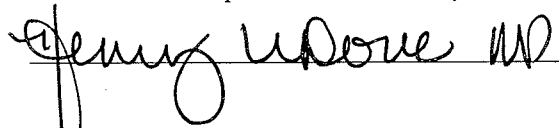


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNA)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: PANDEY  
First Name: SUBHASH  
Title / Rank: Professor / Director Neuroscience  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 90%  
University Contract Period<sup>1</sup>  
☐ 9 months / ☐ 10 months / ☒ 12 months / ☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Research in medicine member NIH study section NIH grand rounds	JOVA medical Center NIAAA		UIC / VA appoint NIH-NIAAA study section = 4 days 2 days	UIC / VA appoint NIH-NIAAA study section = 6 days

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature Subhash C Pandey Date 9/22/07

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

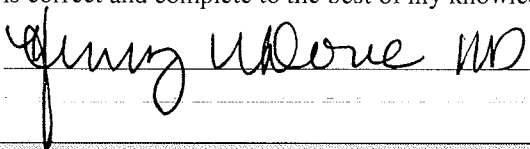
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNUA)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Mustanski  
First Name: Brian  
Title / Rank: Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry/IJR  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Guest Lectures/Invited Talks	Various Universities and Organizations	No	3	3
Research Consulting	Children's Memorial Hospital, CUNY, etc	No	0	8

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Date

9/29/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

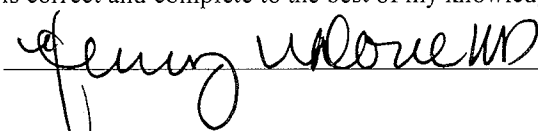
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date



University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Pliskin

First Name: Neil

Title / Rank: Professor

College: Medicine

Dept. / Unit: Psychiatry

Appointment 100%

University Contract Period<sup>1</sup>

☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☒ yes\* ☐ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

\* If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\* Do not include amounts of compensation.

\* Do not report "various" when reporting retrospective activity.

\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Medical record review/attorney consultation for non-UIC patients	S-corporation	Yes	15-20 days (not during UIC working hours)	15-20 days (not during UIC working hours)

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

*Neil Pliskin*

Date

10/3/08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

Please accept this attachment to the 2008-2009 Updated Disclosure and Request for Prior Approval – Report of Non-University Activities (RUNA) – Neil Pliskin, Ph.D.

Explanation Part I questions #3 and #4:

As indicated on the form I completed in 2007-2008, I am a 50% owner of a S-Corporation which conducts neurobehavioral evaluations on patients distinctly outside of the UIC system catchment area. While on the surface this has an appearance of being a conflict of interest, it in fact is not. I provide absolutely no clinical service as part of this corporation, as my role is limited to oversight, financial review, and medical legal consultation. Along these lines, the corporation was also developed with another UIC faculty member to conduct this activity. All duties of mine related to the corporation and any legal consultation are conducted outside of the University setting and during evenings and weekends (i.e., not during my hours as an employee of the University). They do not effect my productivity or duties as a UIC Faculty Member. Payment for these medical legal consultative services is allowed under our contract with UIC.

I affirm that I have read the *University's Policy on Conflicts of Commitment* and Interest and the above information is true to the best of my knowledge.



Neil Pliskin, Ph.D., ABPP/CN  
Associate Professor of Clinical Psychiatry

Date 10/3/08

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

☒  
☐

No conflict of interest or commitment exists.

A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

☐

A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

☒  
☐

Agree

Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

☒  
☐

No retrospective activities are reported or all retrospective activities are approved.

Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

☒  
☐

No prospective activities are reported or all prospective activities are approved.

Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*[Handwritten Signature]*

Date

*10/27/08*

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

\_\_\_\_\_

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Stanford  
First Name: Lisa  
Title / Rank: Associate Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☒ yes\* ☐ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

\* If your appointment is less than 75% time, you do not need to complete this section.

\* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

\* Do not include amounts of compensation.

\* Do not report "various" when reporting retrospective activity.

\* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Medical record review/attorney consultation for non-UIC patients	S-corporation	Yes	15-20 days (not during UIC working hours)	15-20 days (not during UIC working hours)

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature



Date

9/30/08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)


<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

Please accept this attachment to the 2008-2009 Updated Disclosure and Request for Prior Approval – Report of Non-University Activities (RUNA) – Lisa D. Stanford, Ph.D.

Explanation Part I questions #3 and #4:

As indicated on the form I completed in 2007-2008, I am a 50% owner of a S-Corporation which conducts neurobehavioral evaluations on patients distinctly outside of the UIC system catchment area. While on the surface this has an appearance of being a conflict of interest, it in fact is not. I provide absolutely no clinical service as part of this corporation, as my role is limited to oversight, financial review, and medical legal consultation. Along these lines, the corporation was also developed with another UIC faculty member (also 50% owner) as a means of channeling payment of non UIC patients' medical legal consultative services for tax purposes (i.e., reducing self-employment income tax). All duties of mine related to the corporation and any legal consultation are conducted outside of the University setting and during evenings and weekends (i.e., not during my hours as an employee of the University). They do not effect my productivity or duties as a UIC Faculty Member. Payment for these medical legal consultative services is allowed under our contract with UIC.

I affirm that I have read the *University's Policy on Conflicts of Commitment and Interest* and the above information is true to the best of my knowledge.

  
\_\_\_\_\_  
Lisa D. Stanford, Ph.D., ABPP/CN  
Associate Professor of Clinical Psychiatry

Date 9/30/08

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

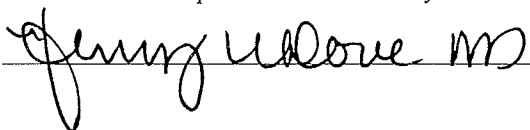
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Stein  
First Name: Mark  
Title / Rank: Professor  
College: COM  
Dept. / Unit: Psych/IJR  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☒ yes\* ☐ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Speaker	McNeil Pediatrics	no	8	6
Speaker, Advisor	Novartis		3	2
Advisor	Abott		1	
Advisor	Shire			1
CME Programs /Adult	MBL		1	1

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

*Mark Stein*

Date

9/30/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)


<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

Conflict of Interest Screening- Mark A. Stein

Question 1. Do you have a consulting or other financial relationship with a sponsor of your research? Yes

The Sleep and Tolerability Study of Dexmethylphenidate vs. Mixed Amphetamine Salts (SAT Study) is an investigator-initiated study that is sponsored by Novartis. I participate in their Speakers Bureau and also serve as an advisor to Novartis. There is a conflict management plan in place for this double-blind, placebo-controlled study and an external data safety monitoring board (see attached).

I also serve on the Speakers Bureau for McNeil Pediatrics, which along with Eli Lilly and co., donate study drug (Concerta, Stratera, placebo) to the Methylphenidate Atomoxetine Cross over Study (MACRO). The MACRO study is an NIH sponsored, 2 site clinical trial. There is a conflict management plan in place for this trial as well.

  
4/29/03

Memorandum



From: Mark A. Stein Ph.D.

TO: Rebecca Ann Lind Ph.D.

Assistant Vice Chancellor for Research

Regarding: Disclosure of Potential or Perceived Conflict of Interest for Sleep and Tolerability of Extended Release Dexamethylphenidate vs. Mixed Amphetamine Salts : A Double Blind, Placebo Controlled Study (SAT STUDY)

As part of this new study, which compares sleep effects and tolerability between two medications, dexamethylphenidate (Focalin XR) and mixed amphetamine salts (Adderall XR), I wish to disclose that I am an advisor to Novartis Pharmaceuticals and participate in their speakers bureau. Novartis makes dexamethylphenidate. Funding for this investigator-initiated study is being provided by Novartis.

In the past, I have conducted research which was supported by Shire, which makes Adderall XR. I also attend advisory meetings, which they sponsor, for which I will receive an honorarium.

I also have relationships with several other pharmaceutical companies who make ADHD medications, which are listed below:

McNeil: Speakers bureau, donating medications to NIMH sponsored MACRO study

Lilly: Donating medications to NIMH sponsored MACRO study

The Sleep and tolerability (SAT) study is a double blind crossover study. I, along with patients and parents will be unaware which medication a child is taking, or if they are taking a placebo. The primary outcome measures are: latency to sleep onset (as recorded by actigraphy), and parent report of stimulant side effects.

For the SAT study, I will not obtain consent directly, but will have a research assistant or co-investigator obtain the initial consent. Dr. Thomas Owley and James McGough of UCLA serve as an independent Data Safety Monitors.

I will disclose my consulting relationships in all publications and written and oral presentations reporting on this research, although all publications will be mine and not subject to the review or approval of a pharmaceutical company.

I hope this is helpful in your consideration of my application. Should you have questions or require further information, please do not hesitate to contact me.

Mark A. Stein Ph.D.

Professor

Institute for Juvenile Research

Dept. of Psychiatry

## MEMORANDUM

DATE: January 21, 2006

FROM: Mark A. Stein, Ph.D.  
Professor  
Department of Psychiatry

TO: Rebecca Ann Lind Ph.D.  
Assistant Vice Chancellor for Research

in re: Disclosure of Potential or Perceived Conflict of Interest and Management Plan

As follow-up from our recent discussion, for my RO1 grant, *Measuring and Predicting Response to Methylphenidate and Atomoxetine (MACRO STUDY)*, I wish to provide full disclosure of potential or perceived conflicts of interest and to develop a management plan

MACRO is a two-site (Chicago and New York), collaborative study funded by NIMH which compares two commonly used treatments for ADHD, methylphenidate (Concerta) and atomoxetine (Strattera), and looking at pharmacogenetic and clinical predictors of differential response. Both medications are currently indicated for ADHD.

For the MACRO study, both McNeil (who makes Concerta) and Lilly (who makes Strattera) have agreed to donate study medication and placebo. While I do not hold any stocks or have any direct financial interests in the relevant products (Concerta or methylphenidate, Strattera or atomoxetine) or corporations (McNeil or Lilly), I have

received funds from both of these companies in the past for conducting studies and have served as an advisor to both companies in the past. Currently, I am on the speakers bureau for McNeil, as well as several other pharmaceutical companies which make ADHD products and are listed below. I do not believe that my contacts with the pharmaceutical industry are an actual conflict of interest, but, for the sake of completeness, I offer the following disclosures:

#### Speakers' Bureaus

McNeil Pharmaceuticals

Novartis Pharmaceuticals

Cephalon Pharmaceuticals

UCB Pharmaceuticals

Shire Pharmaceuticals

#### Consultation

Novartis Pharmaceuticals

#### Research Support

Novartis Pharmaceuticals (pending)

Cephalon (currently)

Eli Lilly (in the past)

Cortex pharmaceuticals (in the past)

McNeil Pharmaceuticals (in the past)

Shire Pharmaceuticals (in the past)

In order to prevent any misperception of potential bias to the MACRO study and to insure the integrity of the study, the following should be noted:

- 1) The MACRO study is a double blind study in that investigators, patients and parents are unaware of which medications a child is taking while the study is being conducted. In addition, I will not personally be involved in completing the primary outcome measures, which will be completed by blind raters.
- 2) For patients that are referred to the study, consent will be obtained independently by a research assistant or co-investigator.
- 3) Finally, the study has an external Data Safety Monitoring Board which monitors the integrity of the data and study procedures semi-annually. The DSMB chair is Dr. Laurence Greenhill, a Professor of Psychiatry at Columbia University. Other members are Dr. Randy Sallee, a Professor of Psychiatry at University of Cincinnati, and Dr. Irwin Waldman, an Associate Professor of Psychology at Emory University. The DSMB will review all aspects of the study, including recruitment procedures, informed consent, protocol violations, the occurrence and handling of adverse events, and patient outcomes. The DSMB will meet twice annually and write a report to describe its findings. This report will be shared with the site PIs and filed with the IRB.

I hope that this is helpful. Should you have questions or require further information, please do not hesitate to contact me.

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

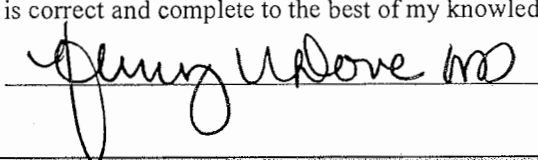


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/27/08

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Tolan  
First Name: Patrick  
Title / Rank: Professor  
College: Medicine  
Dept. / Unit: Psychiatry/IJR  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☒ yes\* ☐ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

**\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.**

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

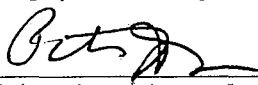
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
Grant Reviewing	Institute for Educational Science	No	4	4
Board Member	Blueprints for Violence Prevention	No	3	3
Evaluation Contractor	CDC	NO	4 <i>17.</i>	7*reason-yes to Q#1 above

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

**I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.**

Academic Staff Member's Signature



Date

10/3/08

**Please submit to your unit head for administrative review and approval.**

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

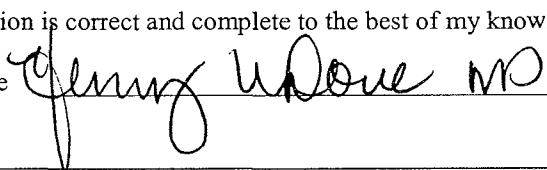
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

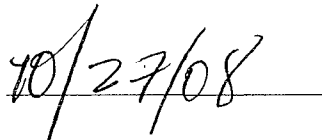
- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date



### PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date



University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Weiden  
First Name: Peter  
Title / Rank: Professor of Psychiatry  
College: College of Medicine  
Dept. / Unit: Department of Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☒ yes\* ☐ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <u>Prospective</u> Days to be Spent in Current Reporting Period
please see attached		none	17.4	19.7

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature 

Date

10/3/2008

*Please submit to your unit head for administrative review and approval.*

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

Page 1  
Q1

Peter J. Weiden, M.D.

Professor (CT) of Psychiatry & Director, Psychotic Disorders Program

80% time on a 12-month service basis through Jan 1 2008, then full-time

University of Illinois, Department of Psychiatry

Conflict of Interest Screening Question 1: Do you have a consulting or other financial relationship with a sponsor of your research? Answer x yes

Background:

I am the principal investigator of an Investigator Initiated Study funded by Janssen (also known as Ortho-McNeil Janssen). The clinical treatment and research assessments were done at my former institution, SUNY Downstate Medical Center. The title of the study is "Effectiveness of Long-Acting Risperidone in the Maintenance Treatment of First-episode Schizophrenia" [also known as the "PREFER" study]. This study began in 2003, and I am continuing as P.I. in the final phase of this study, which involves data analysis and reporting. There is a research team remaining at SUNY Downstate. The funding support does not involve any direct financial or indirect faculty time from my UIC position. I have received UIC IRB approval for adding UIC as a performance site and therefore am the P.I. of this study at both the UIC and SUNY Downstate sites. I submitted a conflict management plan to the IRB which was accepted (see below for details of my financial relationship with

Potential Conflict of Interest

I also maintain a consulting relationship with Janssen Pharmaceutica that includes attendance on advisory boards, as well as giving occasional lectures on Janssen products indicated for the treatment of schizophrenia, in particular, long-acting risperidone microspheres (Risperdal Consta)]. From Aug 2007-Aug 2008 interval, I have given a total of 2 lectures on the use of long-acting risperidone.

Management of Conflict

This is a time-limited commitment that was already integrated into the percent salary support at UIC for my first six months here, and predates the responsibilities here at UIC. My contract at SUNY Downstate clearly identifies me as the P.I. and that I have complete intellectual independence from the sponsor Janssen, and control of the data and its interpretation, and publication plan. The initial results and presentations from the PREFER study have been presented at major psychiatric meetings (APA, NCDEU, ACNP) without any additional funding from Janssen, and without any influence, interference, or suggestions from Janssen on the contents of the presentations, which have also included presenting the negative results from the trial (long-acting risperidone did not separate from the oral antipsychotic group at the 1 year follow-up endpoint).

1 2 1

Peter J. Weiden, M.D.

Professor (CT) of Psychiatry & Director, Psychotic Disorders Program

80% time until Jan1 2008, 100% thereafter

University of Illinois, Department of Psychiatry

Conflict of Interest Screening Question 4: ...activities that might present or appear to present a conflict with your University of Illinois appointment? Answer x yes

Background:

As a specialist in the psychopharmacologic treatment of schizophrenia and other psychotic disorders, I have been the principal investigator of numerous clinical trials of antipsychotic medications for the treatment of schizophrenia, ranging from late Phase II testing to "effectiveness" studies of available antipsychotics (e.g. the CATIE schizophrenia trial). Part of my academic activities involve consulting with pharmaceutical companies (sponsors) and participating in advisory boards, development of educational programs, presenting research from clinical trials at major meetings, and participating in GME and CME educational activities. Many of these activities involve honoraria or consulting fees that are paid to Dr. Weiden.

Potential Conflict of Interest

The possible areas for potential conflict of interest include:

- 1) having paid consulting and honoraria may affect my choice of specific clinical trials to bring to UIC, or my relative enthusiasm for the specific medication or research study being considered or vetted at the institution. While I do not at this time have any no current industry-sponsored trials, it is probable that there will be a time in the 2008-2009 year that a clinical trial is vetted or started with a pharmaceutical sponsor in which I also receive other sources of direct income.
- 2) having paid consulting and honoraria from pharmaceutical companies may create an appearance of influence in the degree to which I might emphasize different pharmacologic options during my UIC training commitment, such as residency training in psychopharmacology.
- 3) having paid consulting and honoraria from pharmaceutical companies may create an appearance that specific clinical recommendations for patient I treat directly (or indirectly through supervisees) are influenced by such payments.

Management of potential conflict of interest:

- 1) there are standard disclosures and written conflict of interest statements when bringing in clinical trials that offer transparency to both the institution, the sponsor, and regulatory agencies.
- 2) The vetting of clinical trials will be done with a group of investigators at CCM and the Director of CCM, Dr. Sweeney, will have the final authority to judge these protocols based on scientific merit, not commercial interests.
- 3) Dr. Weiden has over 12 years of experience conducting clinical trials and has a track record of publishing scientific findings independently from any short-term or commercial interests of a specific sponsor.
- 4) Dr. Weiden has always worked with many different sponsors such that there is not an implied obligation or special relationship with a specific company.

Weiden  
Part 1 of 2

- 5) Dr. Weiden has a moral and ethical obligations to uphold the highest standard of care for his patients, which means choosing therapeutic options that are based on objective assessment of risk-benefit ratio pertaining to the individual patient.
- 6) The same moral and ethical considerations pertain to Dr. Weiden's role in psychiatric education.

#### Potential Conflict of Commitment

The time spent on the consulting or educational activities that are funded by the pharmaceutical industry has the potential to divert attention from other clinical, research, or educational commitments that are part of my UIC commitments.

#### Management of Potential Conflict of Commitment

The responsibilities and duties assumed Director of the Psychotic Disorders Program was established during the discussions and negotiations with the Department of Psychiatry and Dean's Office. Included in the position were guidelines for

Peter J. Weiden, M.D.

Professor (CT) of Psychiatry & Psychotic Disorders Program

80% time on a 12-month service basis until Jan 1, 2008; 100% thereafter

University of Illinois, Department of Psychiatry

Part II. Listing of Non-University Income Producing Activities				
Nature of activity	For whom	Ownership interest?	Aug 16 2007-Aug 15 2008 retrospective days spent	Aug 16 2008-Aug 15 2009 Prospective days to be spent
GME medical education talks	Bristol-Myers Squibb	No	1.0	1.5
GME medical education talks	Janssen	No	1.0	2.0
GME medical education talks	Pfizer	No	4.5	4.0
Schizophrenia Summit Conference	Consensus Medical Communications*	No	1.5	0
Is there a psychopharmacology of recovery?	Nevada Psychiatric Association †	No	0.5	0.5
Evidence-based review of CBT for psychosis	Best Practices Treatment Center (NE Ohio)	No	2.0	0
First Annual Midwest Schizophrenia Conference	University of Illinois at Chicago Medical Center †	No	0	1.0
Georgetown Schizophrenia Conference	Georgetown University Hospital †	No	0	0.5
American Conference on Psychiatric Disorders	Johns Hopkins †	No	0	0.5
Schizophrenia: Optimizing Medication Adherence	Jackson Park Hospital *	No	0	0.2
Is Recovery Attainable in Schizophrenia?	American Psychiatric Association ‡	No	0.5	0

1 of 2

\* This is a CME activity supported by an unrestricted educational grant from Ortho-McNeil Janssen

† This is a CME activity supported by an unrestricted educational grant from multiple sponsors

‡ This is a CME activity supported with an unrestricted educational grant from AstraZeneca

Wieder  
Part II  
cont

Improving Treatment Adherence in Schizophrenia	Canadian Psychiatric Association *	No	0.5	0
Improving Clinical Outcomes in the Long-term Management of Schizophrenia	Canadian Psychiatric Association §	No	0.5	0
Psychotic disorders through the life cycle	Douglas Mental Health Centre (Montreal)†	No	0	0.5
Clinical Aspects of Medical Psychiatry	Rockford (IL) Health System †	No	0	0.5
Anticipated future Grand Rounds at academic institutions	Various but not yet scheduled	No	0.0	3.0
Review of the APA Annual meeting on advances in long-acting antipsychotics	Medscape**	No	0.2	0
Advances in Schizophrenia Management: Need for Individualized Treatment	Medscape*	No	0	0.5
Advisory Board consultant on new antipsychotic	Vanda	No	2.0	1.0
Advisory Board consultant on new antipsychotic	Organon	No	1.0	0
Advisory Board consultant on new antipsychotic	Wyeth	No	1.0	0
Anticipated future Advisory Boards re: new antipsychotics	Various but not yet scheduled	No	0.0	3.0
NIMH Grant Review Committee	NIMH special review committee	No	1.0	1.0
NIMH Advisory Board for Adherence in serious mental illness	NIMH	No	2.0	0

292

§ This is a CME activity supported with an unrestricted educational grant from Pfizer

\*\* This is a CME activity supported with an unrestricted educational grant from Vanda

## **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

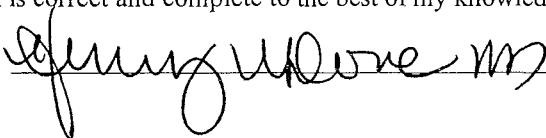


Some or all declared prospective activities are not approved.

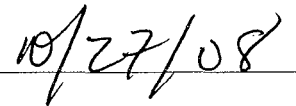
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date



### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date

Additional Reviews  
(Signatures)

Date

Date

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNA)

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Winnega  
First Name: Marrea  
Title / Rank: Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry/IJR  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

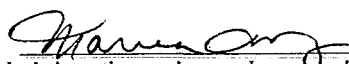
Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug. 16 - Aug. 15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug. 16 - Aug. 15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Responding to questions about a computer course	Virtual Education Software, Inc	No	4	4

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature



Date

9/26/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)



Part 1 Question 4:

Through Virtual Education Software, Inc. I have developed a course on Autism and Asperger's Disorder and receive compensation for students participating in it. They come from various universities across the country. I do not think this course is offered to students at UIC. I do not tell students to take this course.

### Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

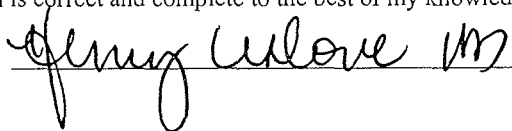
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date



#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
**2008-2009 Report of  
Non-University Activities (RNAU)**

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Taylor-Crawford  
First Name: Karen  
Title / Rank: Assistant Professor  
College: Medicine  
Dept. / Unit: Psychiatry/ Child/ IJR  
Appointment 90 %  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☒ yes\* ☐ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <b>Retrospective</b> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <b>Prospective</b> Days to be Spent in Current Reporting Period
SPEAKER BUREAU	NOVARTIS PHARM	NO	5	3
CLINICAL PRACTICE	[PALOS BEHAV HEALTH PART.	NO	48	48

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Karen Taylor-Crawford Date 10-3-08  
Please submit to your unit head for administrative review and approval

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

### **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*
- ☐ A conflict of interest or commitment may exist that warrants further review.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☒ Agree
- ☐ Disagree  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)

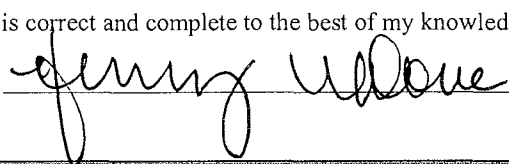
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)

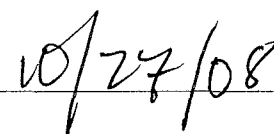
- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.  
*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date



#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

Date \_\_\_\_\_

Additional Reviews  
(Signatures)

Date \_\_\_\_\_

Date \_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
**2008-2009 Report of  
Non-University Activities (RNA)**

## DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Abluwalia  
First Name: Aneet  
Title / Rank: Assist Prof of Clinical Psychiatr  
College: UIC medical/hospital  
Dept. / Unit: Psychaitry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

### PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

*\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.*

### PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Psychaitrist	Cathedral COunsleing	no	20	20

☐ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

### PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature

Date

10/24/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on Conflicts of Commitment and Interest is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

### **Administrative Review and Approval, UIC RNUA 2008-2009**

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

#### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

#### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.

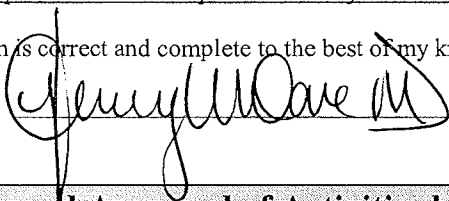


Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature



Date

10/24/08

#### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature

(If approval needed)

\_\_\_\_\_

Date

\_\_\_\_\_

Additional Reviews

(Signatures)

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

University of Illinois at Chicago  
Academic Staff  
2008-2009 Report of  
Non-University Activities (RNAU)

# DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Pickett-Schenk  
First Name: Susan  
Title / Rank: Associate Professor  
College: Medicine  
Dept. / Unit: Psychiatry  
Appointment 100%  
University Contract Period<sup>1</sup>  
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

## PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes\* ☒ no
2. Do you or does any member of your family<sup>2</sup> have a managerial role or a significant<sup>3</sup> financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes\* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes\* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes\* ☒ no

\*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

## PART II. Listing of Non-University Income Producing Activities

- \* If your appointment is less than 75% time, you do not need to complete this section.
- \* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- \* Do not include amounts of compensation.
- \* Do not report "various" when reporting retrospective activity.
- \* Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
Consulting	Chesapeake Health Education Program	no	2	0
Consulting	Indiana University- Purdue University Indianapolis	no	3	0

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

## PART III. Affirmation

I affirm that I have read the University's *Policy on Conflicts of Commitment and Interest*<sup>4</sup> and the above information is true to the best of my knowledge. *If significant changes in activities occur during the year, this form must be updated.*

Academic Staff Member's Signature Susan A. Pickett-Schenk Date 9/24/08

Please submit to your unit head for administrative review and approval.

<sup>1</sup> Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

<sup>2</sup> University Policy defines "Family" as one's spouse and children.

<sup>3</sup> Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor. (Governor's salary \$177,412 as of July 1, 2008.)

<sup>4</sup> The University Policy on *Conflicts of Commitment and Interest* is available at: [http://www.vpaa.uillinois.edu/policies/conflict\\_toc.asp](http://www.vpaa.uillinois.edu/policies/conflict_toc.asp)

## **Administrative Review and Approval, UIC RNUA 2008-2009**

*(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).*

### **PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)**

A. Based on the activity reported and to the best of my knowledge and in my judgment:



No conflict of interest or commitment exists.



A conflict of interest or commitment may exist, but is being monitored by the department.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*



A conflict of interest or commitment may exist that warrants further review.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.



Agree



Disagree

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

### **PART V. Approval of Activities (Please attach a copy of any referenced explanation.)**

A. Retrospective Activities (2007-2008)



No retrospective activities are reported or all retrospective activities are approved.



Some or all retrospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

B. Prospective Activities (2008-2009)



No prospective activities are reported or all prospective activities are approved.



Some or all declared prospective activities are not approved.

*If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)*

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

*Jeffrey Underwood MD*

Date

*10/27/08*

### **PART VI. Review and Approval of Activities by Dean and Others as Required.**

Dean/Director/VP Signature  
(If approval needed)

\_\_\_\_\_

Date

\_\_\_\_\_

Additional Reviews  
(Signatures)

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_



**Maki, Pauline M.**  
**RNUA form 2008/9**

**Additional information for Part 1, Item 4.**

I served as a paid consultant for Genaera for a role in which I quantified, analyzed, and interpreted scores on two neuropsychological tests administered as part of a Phase I clinical study of the investigational drug, Trodusquemine (MSI-1436). The tests were used to measure potential adverse effects of Trodusquemine for weight loss and the treatment of diabetes. Genaera does not sponsor any of my research. I do not conduct research on diabetes or weight loss medications. This consultation was done on weekend and evening hours.